Alberta Municipalities
Strength In Members

Auto Claims Reporting Form

1. Member information

Member name		Contact person	(First) (Middle) (Last)
Contact phone number		Contact email	
Driver's name	(First) (Middle) (Last)	Driver's license Number	
Schedule number		Vehicle description	
VIN		Passenger(s)	Yes ☐ No ☐
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

2. Third party information

Registered owner's name	(First) (Middle) (Last)	Registered owner's phone no.	
Vehicle description		Driver's name (if different from owner)	(First) (Middle) (Last)
Driver's license number		Insurance company	
Insurance policy		Passenger(s)	Yes ☐ No ☐
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

3. Loss information

Date of loss (MM/DD/YYYY)		Loss location (address)	
Weather condition			

4. Injury and damage

	Member driver		Third party driver	
Estimate of damages	$		$	
Injuries	Yes ☐	No ☐	Yes ☐	No ☐
If yes, describe				
Seat belt worn	Yes ☐	No ☐	Yes ☐	No ☐
Was the driver under the influence of medication, alcohol, or drugs?	Yes ☐	No ☐	Yes ☐	No ☐
If yes, list				
Police case file number				
Police report attached	Yes ☐	No ☐	Yes ☐	No ☐
Statement attached	Yes ☐	No ☐	Yes ☐	No ☐

Additional comments and information: *Please complete as much information as possible and include incident report.

5. Signature & authorization

Name	(First) (Middle) (Last)		
Signature	X	Date (MM/DD/YYYY)	

6. Submission instructions

Please submit all claims to **claims@abmunis.ca** or using **NavRisk Central**
After hours emergency claims service: **1.866.939.2862**